

AUG 07 2006

Fax Transmittal

DATE: August 7, 2006

Total Pages (including this cover page): 24

To: Commissioner for Patents
Examiner: Matthew J. Ludwig
Fax No.: 571-273-8300
Serial No.: 09/690,367

From: Michael A. Davis, Jr. **Davis Law Group, P.C.**
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Serial No.: 09/690,367

Filed: October 16, 2000

Title: METHOD AND SYSTEM FOR TRANSLATING A DIGITAL VERSION OF A PAPER

Attorney Docket No.: 1005.9

Dear Sir or Madam:

Attached please find the following regarding the above-referenced patent application:

1. Transmittal letter (in duplicate);
2. Petition for Extension of Time (in duplicate);
3. Response to Office Action.

Entry of these papers in the above-referenced application is courteously solicited. Any question regarding this matter should be directed to the undersigned.



Michael A. Davis, Jr.
Registration No. 35,488

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CFC RECEIVED 4p. Missing 20 pages.

AUG 07 2006

Serial No.: 09/690,367
Response to Office ActionDocket No. 1005.9
Customer No. 53953In re application of:
Billy P. Taylor

Serial No.: 09/690,367

Filed: October 16, 2000

For: METHOD AND SYSTEM FOR
TRANSLATING A DIGITAL VERSION
OF A PAPER§
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Group Art Unit: 2178

Examiner: Ludwig, Matthew J.

Confirmation No.: 3086

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed are the following regarding the above-identified patent application:

1. Transmittal letter (in duplicate);
2. Petition for Extension of Time (in duplicate);
3. Response to Office Action.

☒ Small entity status of this application has previously been established.☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE FEE	ADDIT.		OR	RATE FEE	ADDIT.
TOTAL	27	minus	27		= 0	x 25	\$_____	OR	x 50	\$_____	
INDEP	3	minus	3		= 0	x 100	\$_____	OR	x 200	\$_____	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ 180	\$_____	OR	+ 360	\$_____	
						TOTAL	\$_____	OR	TOTAL	\$_____	